

PLAIN DIRECTIONS

FOR

DEALING WITH AN INSANE  
PATIENT.





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PATIENT.

BY

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## P R E F A C E

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A FEW plain directions for dealing with an insane patient have been long felt as a desideratum by medical men who have not been specially engaged in the treatment of Insanity. In the course of my practice, I have over and over again been consulted as to the *immediate* steps to be taken for the safety and treatment of patients suffering from mental disease; and I was induced eighteen months ago, to commence this hand-book chiefly at the suggestion of a professional friend in large practice, who had himself experienced the want of such a guide. I may therefore hope that it may be found of use to those who cannot find time to analyse the Lunacy Acts, or consult elaborate treatises on Psychological Medicine.

31, HARLEY STREET,

CAVENDISH SQUARE.

January, 1872.



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# PLAIN DIRECTIONS

FOR

## DEALING WITH AN INSANE PATIENT.

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### FIRST STEPS TO BE TAKEN.

When it has been decided that a patient is insane, the question arises, "What is the first step to be taken?" If the patient be dangerous to himself or to others, he must be placed under restraint. Experienced attendants should be immediately provided, who are generally to be obtained by application to a lunatic asylum, or from some of the Institutions for trained nurses and attendants. In the meantime, the windows must be securely fastened with screws; the fire protected by a strong wire guard; the fire-irons, and the cords of the window-blinds, as well as every article with which the patient might injure himself, should be removed from the room. His pockets should be searched, lest he should have concealed a knife or any dangerous weapon. It is necessary to take away his garters, handkerchief, necktie, and every portion of his dress with which he might strangle himself. His food must be cut up before it is brought into his room, or given in a liquid form. Glass utensils should be avoided, and the patient must never be left even for a moment alone.

It is not my intention here to dwell on the details of medical treatment, but merely to lay down general rules for the safety and recovery of the patient. This is, however, a proper place to insist on the vital importance of supporting acutely maniacal patients (as well as those in a state of acute melancholia) by a generous diet, as the expenditure of force in these cases is exceedingly exhausting, and I have seen the worst consequences ensue from an opposite plan of treatment.

If, after a fair trial of two or three weeks, this home treatment be found of no avail, then—and sooner if the patient get worse—it becomes the duty of the medical attendant to urge his removal to a lunatic asylum,\* or to private care. In either case, the steps taken must be in strict accordance with the Lunacy Acts.

Granting that the case is one that may be equally well treated under private care as in an asylum, it must be observed that the expense of the former is generally

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\* As much has been written lately as to the comparative merits of an asylum, or of private care, I will briefly refer to some remarks on the subject, which I published in 1855 and again in 1869. The following observations, which I made in 1855, had special regard to puerperal mania; but they hold good in all cases of insanity requiring removal from home:—A “common prejudice which has not unfrequently interfered with the timely removal of a patient to a lunatic asylum is the dread entertained by the friends of the individual lest some sort of opprobrium be incurred by her having been the inmate of what is vulgarly called a mad-house. This prejudice, which arises either from ignorance or mistaken delicacy, is passing away. Did the knowledge of Robert Hall’s and Gooper’s insanity diminish, in the slightest degree, the affectionate admiration in which these highly-gifted individuals were held? Did it not rather tend to increase public sympathy and regard? \* \* \* I wish it to be clearly understood that I do not recommend the hasty and indiscriminate removal of a patient. There are many cases that may be cured without this measure being adopted. \* \* \* In the humbler walks of life cases of insanity should be removed at an early period to an asylum. For rich patients, this measure may not always be necessary; they can obtain a quiet residence, all the comforts, and many of the

far greater than that of the latter. In addition to the remuneration required for the care and maintenance of the patient, there are the board, wages, and washing of attendants to be considered, as well as the fees to the medical visitor. The wages of a first-class attendant are generally two guineas per week; if engaged for a long period, some reduction is made. At this rate we cannot calculate the expense at less than £400 a-year, probably more. In a first-class asylum, accommodation and every requisite, exclusive of wine and laundry, can be obtained for three or four guineas a week. If a patient requires separate sitting rooms and attendants, and other luxuries, additional charges are of course made. There are, however, asylums in London and in the provinces where larger numbers of patients are received, and where everything necessary for the welfare of the patient is provided at a charge of about one guinea per week.

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advantages of an asylum; not so with the poor. Confined perhaps to a close room, in a narrow and noisy street, insufficiently nourished, and badly nursed, the poor patient is cut off from all hope of a cure. For cases of this description an asylum offers the only chance of cure.”—*Journal of Psychological Medicine*, April, 1855.

In 1869 I wrote as follows:—“Admitting the utility of private care in some chronic cases of insanity, we must not lose sight of the greatly superior advantages which an asylum offers as a *curative* measure—the main object to be kept in view—in the majority of cases, whether chronic or acute. \* \* \* Griesinger, one of the highest authorities, observes that a patient, in an asylum, finds it a place, —‘where his eccentric behaviour is concealed from over-officious eyes, where the necessary surveillance is unobtrusively accorded him, and where he has usually a far greater amount of freedom than he could possibly have under any other circumstances.’ \* \* \* There are instances in which patients may be benefited by residence in private families, and even whom it would be cruel to detain [in an asylum]—and this applies to the poor as well as to the rich—when they are fretting for a change.”—*British Medical Journal*, Oct. 23, 1869.

## INSTRUCTIONS FOR FILLING UP LEGAL FORMS.

Before a patient can be *legally* placed under restraint, either in a licensed asylum or in a private house, it is requisite to procure printed forms of the legal order, statement, and medical certificates, which must be carefully filled up.\* These printed forms cannot be readily obtained at all law stationers, but can always be had at Shaw & Sons in Fetter Lane. In case of difficulty in procuring printed forms, a correct manuscript copy of the forms would be valid. These forms are all printed on one sheet of paper. The first page contains the "Notice of Admission." This notice concerns only the proprietor of the asylum, or private house, to which the patient is consigned, and will not require any comment until the law concerning a single patient is explained. On the second page is the "Order for the Reception of a Patient," and the "statement" of the case. On the third page are the forms for the *two* "Medical Certificates." I have subjoined copies of the order, statement, and medical certificates, and filled them up in large black type to serve as examples of the manner in which it should be done. I shall add some further instructions to prevent the mistakes, which an inexperienced person is liable to make, from misinterpreting the marginal notes. An error which may seem very trifling is quite sufficient to invalidate the whole document. Much needless irritation and misunderstanding often

\* Whilst the patient is under the care of relations or friends, who receive no payment, neither order nor certificates are necessary.

arises from the imperfect manner in which the blanks in the printed forms are filled up. It must be borne in mind by medical men, that the Commissioners in Lunacy are appointed by the Lord Chancellor to enforce the requirements of certain Acts of Parliament, and that they have no discretionary power, but must insist on the exact observance of the strict letter of the law.

## ORDER FOR THE RECEPTION OF A PRIVATE PATIENT.

*Schedule (A), No. 1. Sections 4, 8.*

(a). Within  
one month  
previous to the  
the date of the  
order.

(b). Lunatic,  
or an idiot,  
or person of  
unsound mind.

I, the undersigned, request you to receive  
Edward Oxford, whom I last saw at 24, Ship  
Street, Barchester, on the First day of June,  
1869, (a) a person of unsound mind, (b) as  
a patient into your house. Subjoined is a  
statement respecting the said Edward Oxford.

Signed. Name ... Charles Oxford.

Occupation (if any) ... ... Merchant.

Place of Abode ... Lawn House, Barchester.

Degree of relationship (if any) }  
or other circumstances of } Brother.  
connection with the patient }

{ Dated this Twentieth day  
of June, One thousand eight  
hundred and sixty-NINE.

(c). Proprietor  
or Superin-  
tendent.

To Dr. Esquirol,

(d). Describing  
the house or  
hospital by  
situation and  
name (if any).

(c) Proprietor, (d) Pinel House Asylum,  
Donnington.

# STATEMENT.

*If any particulars in this Statement be not known, the  
fact to be stated.*

Name of patient with Christian name at length ... ..	} Edward Oxford.
Sex and age ... ..	Male, 23.
Married, single, or widowed ...	Single.
Condition of life, and previous occupation (if any) ... ..	} Officer in the Army.
Religious persuasion, as far as known ... ..	} Church of England
Previous place of abode ... ..	Aldershot.
Whether first attack ... ..	Yes.
Age (if known) on first attack ...	23.

When and where previously }  
under care and treatment ... } Nowhere.

Duration of existing attack... ... Fortnight.

Supposed cause ... ... Pecuniary Losses.

Whether subject to epilepsy ... No.

Whether suicidal... ... Yes.

Whether dangerous to others ... Yes.

Whether found lunatic by inquisition, and date of commission }  
or order for inquisition ... } No.

Special circumstances (if any) }  
preventing the patient being }  
examined before admission, }  
separately by two medical }  
practitioners ... ... } None.

Name and address of relative to }  
whom notice of death to be }  
sent ... ... } John  
Oxford, his  
father,  
9, North  
Street,  
Liverpool.

(e). When the person signing the statement is not the person signing the order, the following particulars concerning the person signing the statement are to be added.

Signed. Name (e), ... John Robinson.

Occupation (if any) ... Civil Engineer.



Place of abode, 7, Ship Street, Barchester.

Degree of relationship (if any), }  
 or other circumstances of con- } Friend.  
 nection with the patient ... }

[*First Medical Certificate.*]

### MEDICAL CERTIFICATE.

(a). Set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary, ex. gr., Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or, as the case may be.

*Schedule (A), No. 2. Sections 4, 5, 8, 10, 11, 12, 13.*

(b). Physician, surgeon, or apothecary, as the case may be.

(c). Here insert the street and number of the house (if any), or other like particulars.

(d). Insert residence and profession or occupation (if any), of the patient.

(e). Lunatic or an idiot, or a person of unsound mind.

I, the undersigned, being a (a) Fellow of the Royal College of Surgeons of England, and being in actual practice as a (b) Surgeon, hereby certify that I, on the Twentieth day of June, at (c) 24, Ship Street, Barchester, in the County of Hampshire, separately from any other medical practitioner, personally examined Edward Oxford, of (d) Aldershot, Officer in the Army, and that the said Edward Oxford a (e) person of unsound mind, and a proper person to be taken charge of and detained under care and treatment; and that I have formed this opinion upon the following grounds; viz:—

1. Facts indicating insanity observed by



(f). Here state the facts.

myself (f). He is talking incessantly and incoherently—said I was Nana Sahib, and would have attacked me, had he not been restrained by his attendants.

(g). Here state the information and from whom.

2. Other facts (if any), indicating insanity, communicated to me by others (g).

Signed. Name, John Hunter, F.R.C.S.

Place of Abode, 2, High Street, Barchester.

Dated this Twentieth day of June, One thousand eight hundred and sixty-nine.

(a). Set forth the qualification entitling the person certifying to practice as a physician, surgeon, or apothecary. ex. gr., Fellow of the Royal College of Physicians in London, Licentiate of the Apothecaries' Company, or as the case may be.

[*Second Medical Certificate.*]

# MEDICAL CERTIFICATE.

*Schedule (A). Sections 4, 5, 8, 10, 11, 12, 13.*

(b). Physician, surgeon, or apothecary, as the case may be.

I, the undersigned, being a (a) Member of the Royal College of Physicians in London, and being in actual practice as a (b) Physician, hereby certify that I, on the Twenty-first day of June, 1869, at (c) 24, Ship Street, Barchester, in the County of Hampshire, separately from any other medical practitioner, personally examined Edward Oxford of (d) Aldershot, Officer in the Army, and that the said Edward Oxford is a (e) person of unsound mind, and a proper person to be taken charge of and detained under care and treatment,

(c). Here insert the street and number of the house (if any), or other like particulars.

(d). Insert residence and profession or occupation (if any), of the patient.

(e). Lunatic, or an idiot, or a person of unsound mind.

and that I have formed this opinion upon the following grounds, viz. :—

(f). Here  
state the facts.

1. Facts indicating insanity observed by myself (f). He is in a state of furious excitement, rushing about the room and threatening to kill any one who opposes him—full of delusions—fancies he is in India—that he is Sir Henry Lawrence, &c.

(g). Here  
state the infor-  
mation and  
from whom.

2. Other facts (if any) indicating insanity communicated to me by others (g). Mr. John Robinson, his friend, informs me that he attempted to strangle himself this morning with a strip of linen which he had torn from the sheet on his bed.

Signed. Name, Thomas Linacre, M.D.

Place of Abode, 10, Church Street, Bar-  
chester.

Dated this Twenty-first day of June, One  
thousand eight hundred and sixty-nine.

I now proceed to give particular directions and precautions to be observed in filling up the above documents. With respect to the order, great care must be taken that the person signing it should have “himself seen the patient within one month prior to its date,” and a statement of the time and place when such person *last* saw the

patient, must be added to the order. The order should be signed by some near relative, or by a friend, who should subscribe himself as acting by the authority of the family, and addressed to the proprietor or superintendent of the asylum; or, in the case of sending a patient into a private family, to the master or mistress of the house.

There are, however, persons who are *prohibited* by the Lunacy Act\* from signing the order. These are—persons receiving any percentage on, or otherwise interested in the payments to be made by or on account of any patient received into a licensed or other house; the proprietor, or regular medical attendant of the house or asylum into which the patient is to be received; also, the father, brother, son, partner, or assistant of either of the professional men who have signed the medical certificates. Nor can either of the medical men who have themselves signed the medical certificates, sign the order.

The statement is merely subsidiary to the order, and need not be signed by the person who signed the order, but may be drawn up by any one who is acquainted with the history of the case. Care must be taken that the Christian name or names, and the surname of the patient, be properly spelt, and that they correspond exactly with the names in the order. There is only one other point in the statement which requires especial attention, viz., the enquiry as to “special circumstances,” &c. This refers to a clause in the Act, passed on the 20th August, 1853, which

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\*“An Act to Amend the Law relating to Lunatics,” passed August 7th, 1862.

provides that, under certain circumstances, a patient may be received into a private asylum with the order and *one* medical certificate only. Such circumstances would be the fact of the patient being so dangerous to himself or others as to require immediate removal before a second medical man could arrive, on account of his living at a distance; from the difficulty of his gaining access to the patient, or any other sufficient obstacle.\*

### EXAMINATION OF THE PATIENT.

Before giving instructions with reference to filling up the medical certificates, it is necessary to make some observations as to the examination of the patient.

In gaining access to a patient, a little tact is often required. The medical man had better use his own discretion, as the friends are often too much agitated to render much assistance. The suspicions of a lunatic are easily awakened, and although it is generally the best plan to visit him openly as a doctor, there are cases in which it is absolutely necessary to assume a feigned character, especially when a dangerous patient has vowed vengeance against medical men, who, he fancies, are interested in sending him to an asylum; an opinion which is also often entertained by some of his relatives or friends. I have seldom found every member of a family to agree, either in the fact of their relative's insanity, or in the necessity

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\* The Act requires that "in every such case"—when a patient has been admitted with only one medical certificate—"two other such certificates shall, within three clear days after his reception into such house or hospital, be signed by two other persons."

for placing him under legal restraint. However, with the authority of the nearest relative, a medical man is justified in entering the presence of the patient, taking with him a sufficient number of attendants, if necessary, for his protection. Nevertheless, it must be understood that a man has a right, if he thinks fit, to deny any medical man from having access to his wife, though a lunatic, and can prevent her being placed under legal restraint, and the wife has the same power over the husband. But if, in either case, there is a suspicion of gross neglect or ill-treatment, admission to the patient may be obtained through the authority of a magistrate, who can, on the evidence of a medical certificate, make an order for the removal of the patient to an asylum.

Having gained access to the patient, the next step is to examine him, in order to glean sufficient evidence to enable a medical man to sign the certificate of his insanity. In cases of acute mania, or acute melancholia, the symptoms are so marked that the necessary facts are easily recognised. In the former case the patient is generally in a "high state of delirium," "talks incessantly and incoherently," "using extravagant gestures," and often "threatening acts of violence." In acute melancholia, the patient is in a state "of profound depression." When closely questioned, he will probably say that "his soul is lost," "that he is utterly ruined," or has "committed some deadly sin;" and, on enquiry, it will generally be discovered that, under one or other of these impressions, he "has attempted to commit suicide."

In cases of chronic mania, when the patients are suspicious, and try to conceal their delusions, it is often difficult to discover proofs of insanity, sufficient to frame a certificate. The best means of inducing a patient to divulge his delusions is, to gain his confidence by expressing sympathy with his position, and by the medical man informing him that he has come as a friend or doctor, at the request of his family, to enquire about his health, and to assist him in his trouble. After some conversation, bringing the topics to bear on what you have previously learned from the friends are his delusions, a patient will generally begin to relax his caution, and to betray his hallucinations. But, it will sometimes happen, that a patient is very indisposed to answer questions, or to talk about himself. In this case, it is best not to irritate him by a protracted interview, but to pay him a second visit, when he may be more communicative. There are cases of unmistakeable insanity, such as dementia, and some forms of insane excitement, in which no delusions can be detected, and yet there are strongly marked symptoms, quite sufficient to fill up a certificate. In the former case, the patient is often "lost to all things around him," and is "obstinately taciturn." In the latter maniacal excitement without delusions, there are often noticeable "extreme restlessness," "incessant and rambling talk," "exaltation of ideas," "uproarious laughter," or "blasphemous and obscene language;" but these symptoms would be of no avail, for a certificate, unless it is also mentioned that the friends of the patient have informed



the medical man that these signs of mental excitement are contrary to his natural character and habits.

There are four other forms of unsoundness of mind requiring especial attention; these are the partial imbecility of youth, the imbecility of old age, delirium tremens, and dipsomania. If the imbecility of a youth is so great that he exhibits "little or no control over his actions," "neglects the decencies of society," is "destructive," or "wantonly cruel," or "subject to paroxysms of ungovernable rage;" or, if the mind of a young man of eighteen or twenty years of age, is only on a par with that of a boy of eight or ten, there can be no objection to signing a certificate of unsoundness of mind.

In the imbecility from old age, or disease of the brain, consequent on apoplectic or epileptic attacks, the indications of unsoundness of mind are very evident. "The memory is so impaired that the patient forgets every recent occurrence, and cannot tell the amount of his property, or his own name," "is indifferent to passing events," "helpless as a child."

During an attack of delirium tremens, a person is for the time undoubtedly insane, and certificates can easily be signed to that effect; as, however, an attack of this sort is commonly of short duration, the period of his detention in an asylum cannot be long.

Dipsomania is a morbid perpetual or recurrent *craving* for alcoholic stimulants, and must be distinguished from ordinary drunkenness. A man may get into habits of drunkenness for the sake of the pleasurable excitement it

affords, or for the purpose of drowning his cares or sorrows, and, in the absence of these incentives, he may remain sober for days or weeks together. Unless the victim of dipsomania "has impaired his intellect by long habits of intemperance," and positive insanity has supervened, it will be difficult to discover sufficient grounds for removing him to an asylum. It will, however, generally be found, on careful examination, that dipsomaniacs are persons of weak character, with little power of self-control, capricious and perverse; and are not unfrequently the offspring of drunkards or insane parents. They are sometimes so conscious of their own inability to resist the temptation to drink, that they are themselves desirous to be placed under control. Care must be taken that the dipsomaniac is not in a state of intoxication at the time a medical certificate is signed.

In cases of insanity, complicated with general paralysis, the patient is usually in a state of "ecstatic delirium;" "fancies he is some great potentate," or that "he possesses boundless wealth," &c.

## PARTICULAR INSTRUCTIONS FOR FILLING UP THE MEDICAL CERTIFICATES.

Having given brief directions to assist in the examination of the patient, I will return to that most important point to medical men, the Medical Certificates. In the foregoing observations I have purposely introduced a number of phrases within inverted commas, which will be found useful, as forms of expression, in filling up the



medical certificates. Any legally qualified and duly registered physician, surgeon, or apothecary, may sign the certificate, provided that he be in actual practice (not a retired practitioner). The two medical men who sign the two certificates must not be connected with each other in any way, either as partners or assistants. Moreover, according to the Lunacy Act (16 and 17 Victoria, cap. 96), "No physician, surgeon, or apothecary, who, or whose father, brother, son, partner, or assistant, is wholly or partly the proprietor of, or a regular professional attendant in, a licensed house or a hospital, shall sign any certificate for the reception of a patient into such house or hospital." Neither must the medical man, who signs a certificate, derive any pecuniary benefit, directly or indirectly, from the proprietor of the asylum on account of the patient. This law obtains equally in the case of a patient under private care as in an asylum, and "no physician, surgeon, or apothecary, having signed any certificate for the reception of any person, shall be the regular professional attendant of such person while under care or charge under such certificate."

Medical men residing in Scotland, Ireland, or the Channel Islands, cannot sign certificates for the reception of a patient into an asylum or private house in England and Wales.

I will now give some precise directions and particular cautions for the filling up of the medical certificates. In the first place, a medical man must be sure to insert his legal qualifications for practice, mentioning from what

college, university, &c., he received his diploma and whether from London, Scotland, Ireland, or elsewhere. He must be very particular as to the dates in the certificate. The first relates to the day on which he *examines* the patient; the second to the day on which he *signs* the certificate. The certificate may be signed and dated any time within seven clear days of the examination of the patient, and the patient must be removed to the asylum within one week from the time of the *examination*, or fresh certificates will be required. The place where the patient was examined must be very precisely described. Not only must the name of the street, town, and county be inserted, but the number or name of the house (if there be any), must be mentioned.

During the examination no other medical man but the one examining must be in the room.

In inserting the name or names and surname of the patient at length, care is required that the names be spelt correctly, and that they correspond exactly with those in the order. The same attention is required with regard to his residence, profession, or occupation that these also correspond. The name of the profession should immediately follow that of his residence, and if he be a person without occupation or title, he may be described as "gentleman," or as of "no occupation."

The next points to be considered are the grounds on which the opinion of the patient's insanity are founded. These are, first, the facts observed by the medical man himself at the *very time* of his examination; secondly,

facts communicated to him by others. In the previous remarks on the examination of the patient, I mentioned and defined various signs of an unsound mind. Positive facts of this kind are such as are required for the first part of the certificate. General statements to the effect that the patient is excited, or in a state of mania, or reasons illogically, &c., &c., are useless, unless the facts to prove these conditions are added. One of the strongest evidences of insanity is an extravagant delusion, but there are delusions of so plausible a character, that they cannot be certified as such without adding the authority of a trustworthy person. The fact of a patient "fancying that he hears voices" is important and noteworthy. It also greatly strengthens a certificate if the medical man can mention that the patient is affected with paralysis or any symptom of organic disease of the brain.

The second part of the certificate refers to "facts communicated by others." It is not essential to the validity of the document that this part should be filled up, and it will not add to the strength of the certificate, unless some act of violence can be mentioned; in this case, particular care must be taken to insert the name of the informant.

Having given the directions necessary for filling up the legal documents, it only remains to add a suggestion as to the removal of the patient. Sometimes stratagem, and sometimes force may be necessary, but it will generally be found, with an excited patient, that, when he is simply told that the carriage is at the door, he is so anxious to

escape from the confinement at home, that he will readily enter the vehicle.

## THE LAW CONCERNING A SINGLE PATIENT.

No license is necessary for anyone taking charge of a single patient; but anyone receiving a person of unsound mind, for profit, without an order and two medical certificates, precisely the same as those required for an asylum, is liable to a prosecution by the Commissioners in Lunacy.\* There are some additional rules, which require to be especially attended to by a medical man who is the regular medical visitor of a patient in a private family. He cannot sign the order nor either of the medical certificates. *Copies* of the order and medical certificates must be transmitted by the *master or mistress* of the house to the Commissioners in Lunacy (No. 19, Whitehall Place, S.W.), "within one clear day from the day on which any patient has been received into any such house." At the same time he must send the notice of admission according to the legal forms on the first page of the printed sheet to which reference has before been made. The notice is as follows:—

(a) House or  
Hospital.

I hereby give you notice, that A. B. was admitted into this (a) House as a Private Patient, on the Seventh day of December, 1869, and I hereby transmit a copy of the

(b) If a private  
patient be re-  
ceived upon one  
certificate only,

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\* A Committee, appointed by the Lord Chancellor, is an exception, as he can receive a patient on his own authority and without medical certificates.

the especial  
circumstances  
which have pre-  
vented the  
patient from  
being examined  
by two medical  
practitioners to  
be here stated,  
as in the state-  
ment accom-  
panying the  
order.

(c) Superin-  
tendent or  
Proprietor.

Order and Medical Certificates on which he  
was received. (b)

Signed, C. D.,

(c) Proprietor,

Nelson Villa, 8, Cornwall Road,  
Kennington.

Dated this eighth day of December, One  
thousand, eight hundred and sixty-nine.

To the Commissioners in Lunacy.

“After two clear days, and before the expiration of seven clear days” from the date of the patient’s admission, the *medical visitor* must send to the Commissioners a statement of the mental and bodily condition of the patient. The Act requires (16 and 17 Vict., cap. 96), that every single patient should be visited by a medical man at least once a fortnight; but the Commissioners have power, if they think fit, on being applied to, to make these visits less frequent. When fortnightly visits are dispensed with, and the master of the house having charge of the patient is himself a medical man, then, he must make an entry every two weeks in a book kept for the purpose, and called a “*Medical Journal*,” “of the condition of the patient’s health, both mental and bodily, together with the date of such entry, and such book shall be produced to the Visiting Commissioner on every visit, and shall be signed by him as having been so produced.” This *Medical Journal* must not be confounded with the *Medical Visitation Book*, which is also to be kept at the house where

the patient resides, and in which the Medical Visitor at his periodical visits must make entries also, for the inspection of the Commissioners, respecting the patient, under the following heads:—

Date.	Mental State and Progress.	Bodily Health and Condition.	Restraint or seclusion since last entry? When and how long? By what means, and for what reason?	Visits of Friends.	State of House, bed, and bedding, &c.

When the patient is discharged, the following notice must be filled up by the proprietor of the house and sent to the Commissioners in Lunacy within two clear days after such discharge:—

I hereby give you notice, that A. B. a  
 (a) House. single patient, received into this (a) House on the Seventh day of December, 1869, was  
 (b) Recovered, discharged therefrom, (b) recovered by the  
 or relieved, or authority of his father, C. B., on the Tenth day  
 not improved. of March, 1870.

Signed, C. D.,

(c) Superin-  
 tendent or  
 Proprietor of  
 — House or)  
 Hospital at —

(c) Proprietor of  
 Nelson Villa, 8, Cornwall Road,  
 Kennington.

Dated this Eighth day of March, One  
 thousand, eight hundred and seventy

To the Commissioners in Lunacy.



With respect to the above notice, it must be understood that the person who signed the order for the reception of the patient, is the proper person to give his written authority to the proprietor of the house for his discharge or removal, and if the person who signed the order is unavoidably prevented from giving such authority, then, "the husband or wife of such patient, or if there be no such husband or wife, the father of such patient, or if there be no father, the mother of such patient, or if there be no mother, then any one of the nearest of kin for the time being of such patient, or the person who made the last payment on account of such patient," may give written authority for his discharge or removal; but a patient cannot be discharged under any of these powers if the medical attendant can certify that he is dangerous and unfit to be at large; this is, of course, subject to the decision of the Commissioners in Lunacy. In case of the decease of the patient, a notice of death must be sent to the Commissioners in Lunacy by the medical attendant within two clear days of the death, and a similar notice must be forwarded to the Coroner of the District, addressed to such Coroner. The following is the form:—

I hereby give you notice that F.G., a single  
 (a) House or patient received into this (a) House on the  
 Hospital. Tenth day of December, 1869, died therein on  
 the Twentieth day of December, 1869, and I  
 further certify that D. Z. was present at the  
 death of the said F. G. and that the apparent

(b) As ascertained by post mortem examination, if so. cause of death of the said F. G. (b) was exhaustion ensuing on an attack of acute mania, of two weeks' duration

(c) Medical attendant of Signed (c). L. Y., Medical Attendant of Nelson Villa, 8, Cornwall Road, Kennington.

Dated this Twenty-first day of December,  
One thousand eight hundred and sixty-nine.

To the Commissioners in Lunacy.

When it is deemed expedient that the patient should go home on trial, or that the proprietor of the house should take or send him to some place for change of air, or scene, temporary leave of absence can be obtained on application to the Commissioners,\* seven clear days previous to the proposed change of residence. The proprietor must first get the written approval of the person "who signed the order for the reception of such patient, or by whom the last payment was made," which must be forwarded with his own application, stating at the same time, the place of such new residence, and for what length of time he desires leave of absence to be granted. The usual period allowed is two months, and this may be renewed on fresh application. Care, however, must be taken to forward the fresh application at least seven days before the expiration of the first leave, in order to give

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\* According to the "Lunacy Act," the change of residence can only be somewhere in England and Wales. The "Lunacy Acts" referred to in this work, do not apply to Ireland, Scotland, or the Channel Islands.



time for the Commissioners to send their reply, because if the first leave should expire before the second is granted, *and the patient should not have been brought back to his former residence*, a new order and medical certificates will be required.

### TRANSFER OF PATIENTS.

A patient can be removed to an asylum, or from private care to an asylum; or from an asylum to private care; or from the care of one person to another. When this is desired, the person who has authority to discharge the patient (as previously explained), must apply to the Commissioners in Lunacy (19, Whitehall Place, S.W.), for liberty to transfer the patient, and all the necessary documents for the transfer will be forwarded to him free of charge. These documents include the consent of the Commissioners, and the "Order of Transfer" and the Act states that "every such order and consent shall be made and given respectively in duplicate. And one of the duplicates shall be delivered to, and left with the superintendent or proprietor of the asylum, hospital, or house from which, or the person from whose care or charge the patient is ordered to be removed, and the other duplicate shall be delivered to, and left with the superintendent or proprietor of the asylum, hospital, or house into which, or the person into whose care or charge the patient is ordered to be removed." Moreover, a copy of the order of *reception* and medical certificates (certified to be a true copy by the proprietor) upon which such

patient was received into the house of the person from whose care he is to be removed, shall be furnished by him free of expense, and delivered with one duplicate of the “Order of *Removal* and Consent” to the proprietor of the house into which the patient is to be received.

The Order of Transfer is as follows :—

I, the undersigned, having authority to discharge J. K., a private patient in Helston House, Parkington, hereby order and direct that the said J. K., be removed therefrom to Trafalgar House, York.

Given under my hand this 9th day of June, in the year of our Lord, One thousand eight hundred and sixty-nine.

Signed, F. Z.

Place of Abode, 5, Moon Street, Manchester.

### ESCAPE OF A PATIENT.

Within two days after the escape of a patient, notice must be sent to the Commissioners, of the escape, with a statement of the Christian and surname of the patient, his mental state at the time, and of the mode in which he effected his escape. If he is not captured within fourteen days, fresh order and certificates will be required. If he is brought back, notice of the re-capture must be given to the Commissioners within two clear days.

### CORRESPONDENCE OF PATIENTS.

Every letter addressed by a patient to the Commissioners in Lunacy, must be forwarded to them unopened.

Other letters may be opened and detained by the proprietor, if he thinks it expedient to do so; in such a case he must endorse the letter as prohibited, and "he shall lay all letters so endorsed before the visiting Commissioners," on their next visit.

A person having the charge of an insane patient must be cautious not to allow him to sign legal documents or cheques.

Every medical man "who visits any single patient, or under whose care or charge any single patient shall be, shall, on the tenth day of January, or within seven days from that time in every year, report in writing to the Commissioners the state of health, bodily and mental, of such patient, with such other circumstances as he may deem necessary to be communicated to the Commissioners." (16 and 17 Vict., cap. 96.)

### BOARDERS IN ASYLUMS.

According to 25 and 26 Vict., cap. 111 sec. 18, "It shall be lawful for the proprietor or superintendent of any licensed house, with the previous assent in writing of two or more of the Commissioners, or in the case of a house licensed by justices, or two or more of the visitors, to entertain and keep in such house, as a boarder for such time as may be specified in the assent, any person who may have been within five years immediately preceding the giving of such assent a patient in any asylum, hospital, or licensed house, or under care as a single patient."

In such case no fresh order or medical certificates are

necessary, as long as the patient continues free from mental disorder.

### CHANCERY PATIENTS.

It frequently becomes necessary, for the protection of a patient's property, to hold a Commission of Lunacy. The legal proceedings must be left to a lawyer ; but there are points connected with the patient's mental state, which especially concern a medical man. If the patient is likely to recover soon, he should recommend that the enquiry should be postponed. On the other hand, if the case is of long duration and apparently hopeless, it is his duty to recommend an inquisition ; if the patient's property does not amount to more than a thousand pounds, the Lord Chancellor can dispense with the inquisition, which is expensive, and make an order for the application of the property for the plaintiff's benefit.

By the 25 and 26 Vict., cap. 111 sec. 22, "when a person has been found lunatic by inquisition, an order signed by the committee appointed by the Lord Chancellor, and having annexed thereto an office copy of the order appointing such committee, shall be a sufficient authority for the reception of such person into an asylum, hospital, licensed house, or other house without any further order, or any such medical certificates" as are required in other cases ; and the medical visitation of a single patient every two weeks, does not apply to any person found lunatic by inquisition.

Formerly, if a person was pronounced to be insane by

a Commission of Lunacy, he remained so, in the eye of the law, to the end of his life ; now, if he recover, and present a petition to the Lord Chancellor, backed by strong medical affidavits, he can be set at liberty, and have his property restored to him.

### PAUPER LUNATICS.

The mode of dealing with pauper lunatics is clearly defined by the Lunacy Acts. The 16th and 17th Vict., cap. 97, states that "every medical officer of a parish or union, who shall have knowledge that any pauper resident" within his district "is deemed to be a lunatic, and a proper person to be sent to an asylum, shall, within three days after obtaining such knowledge, give notice thereof in writing, to a relieving officer, or, if there is no relieving officer, then to one of the overseers," who must also, within three days, "give notice to some justice of the county or borough within which such parish is situated." The justice, within three days, shall give a written order to the relieving officer or overseer to bring the pauper before him.\* He shall then call to his assistance a medical man, when, *if the justice is satisfied* that he is a lunatic, and the medical man signs a certificate of the same form as that used for a private patient, the justice shall give an order for the admission of the lunatic into some asylum. In the unavoidable absence of a justice, the clergyman of the parish may act for him. When two medical certifi-

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\* The justice can visit the pauper at his home or at the workhouse if he be unfit to be brought before him.

cates are signed—one by the medical officer of the union, and the second by some other medical man—the justice *cannot refuse* to give an order for the removal of the pauper to some asylum. If, however, the medical man shall certify in writing that the lunatic is not in a fit state to be removed, he can be detained at the workhouse until the medical officer of the union shall certify in writing that he is well enough to be removed to an asylum.

In the case of wandering lunatics, neglected or ill-treated lunatics, whether they be paupers or not, the parish authorities are bound to bring such persons before a justice, who shall call to his assistance a medical man, and if he can certify that he is a lunatic, the justice can send him to an asylum.

“No person shall be detained in any workhouse, being a lunatic or alleged lunatic, beyond the period of fourteen days, unless in the opinion given in writing of the medical officer of the union or parish to which the workhouse belongs, such person is a proper person to be kept in a workhouse, nor unless the accommodation in the workhouse is sufficient for his reception.” (25 and 26 Vict., cap. 111).

“It shall be lawful for any justice or justices causing any person to be examined” by a medical man to issue an order under his hand “upon the guardians of the union or parish, or the overseers of the parish to which such person is chargeable,” “for the payment of such reasonable remuneration to any such” medical man “for the examination of such person, and for all reasonable expenses in or

about the examination of such person, and the bringing him before such justice or justices." (16 and 17 Vict., cap. 97, sec. 67).

### CLASSIFICATION OF INSANITY.

The classifications of insanity are almost as numerous as the definitions and are alike imperfect. Some are too physical, and others are too metaphysical. There are, however, commonly recognized forms of insanity, which I have arranged in the following manner:—

Acute mania	...	...	Delirious excitement with incoherence, &c.
Monomania	...	...	Chronic mania, with one or more delusions.
Acute melancholia	...	...	Great agitation with delusions and intense suicidal tendency.
Melancholia	...	...	Chronic depression with delusions.
Chronic incoherent insanity	...	...	Confusion of ideas and rambling talk.
Dementia	...	...	Loss of mental power.
Dipsomania	...	...	Insatiable craving for alcoholic stimulants.
Delirium tremens	...	...	Acute mental excitement with delusions, the effect of intemperance.



Imbecility	...	...	Deficiency of mental capacity.
Idiocy	...	...	Congenital absence of the intellectual and moral faculties.
Complications of insanity			Insanity with general paralysis. Insanity with epilepsy. Insanity in the puerperal state.
Impulsive insanity	...		Kleptomania, impulse to steal. Pyromania, impulse to destroy by fire. Homicidal Insanity, impulse to murder.

## MARRIAGE WITH REFERENCE TO INSANITY.

This is a vexed question on which a medical man is frequently consulted. I have so often been requested to give my opinion on the subject, that I have thought it best to draw up a few general rules, which I published in my treatise on "Hereditary Disease."\* Such rules, in the present dearth of statistics, can only be approximative, and I give them *pro tanto*. They will serve to show the different degrees of risk, which would be incurred as to the transmission of insanity, with reference to the various degrees of relationship.

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\* Nature and treatment of Hereditary Disease. London : Robt. Hardwicke, 1869.



1. If there be a constitutional taint in either father or mother on both sides of the contracting parties, the risk is so great as to amount almost to a certainty that the offspring would inherit disease.

2. If the constitutional disease is only on one side, either directly or collaterally, through uncles or aunts, and the contracting parties are both in good bodily health, the risk is diminished one-half, and healthy offspring may be the issue of the marriage.

3. If there has been no sign of constitutional disease for a whole generation, the risk can scarcely be considered to be materially lessened, as it so frequently re-appears after being in abeyance for a whole generation.

4. If two whole generations have escaped any symptoms of hereditary taint, we may fairly hope that the danger is past.

*By the same Author,*

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J. M. WINN, M.D., &c.,

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LONDON: ROBERT HARDWICKE, 192, PICCADILLY 6



